

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 539847

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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37						
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39						
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41						
42						
43						
44						
45						
46						
47	1					
48		1				
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		(1)				
55		(1)				
56		(1)				
57		(1)				
58		(1)				
59		(1)				
60		(1)				
61		(1)				
62		(1)				
63		(1)				
64		(1)				
65		(1)				
66		(1)				
67		(1)				
68		(1)				
69		(1)				
70		(1)				
71		(1)				
72		(1)				
73	1					
74		1				
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96						
97						
98						
99						
100						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	26	←		←		←
TOTAL CLAIMS	28					